

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025274

1. Entity Name

NEVADA HOLDINGS INC.

Principal Place of Business

6860 GULFPORT BLVD., #900
S PASADENA FL 33707-2108

Mailing Address

6860 GULFPORT BLVD., #900
S PASADENA FL 33707-2108

2. Principal Place of Business

3. Mailing Address

181 West End Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

516 126 #292

City & State

City & State

NASHVILLE TN

Zip

Country

Zip

37203

Country

6. Name and Address of Current Registered Agent

LIGHT, BRIAN
6860 GULFPORT BLVD., #900
S PASADENA FL 33707-2108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, BRIAN 6860 GULFPORT BLVD., #900 S PASADENA FL 33707-2108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Light PRES. & CEO

5/1/01 727 510 4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90155 021 ***150.00

765631



DO NOT WRITE IN THIS SPACE